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December 16, 2009

The Garden City Group, Inc.
Attn: Motors Liquidation Company
P.O. Box 9386
Dublin, Ohio 43017-4286

Attention: Claims Administrator

Re: In re Motors Liquidation Company f/k/a General Motors Corporation;
Case No. 09-50026 (REG); U.S. Bankruptcy Court, Southern District of New York
Request for the withdrawal of NCR Corporation Proof of Claim #59699 only

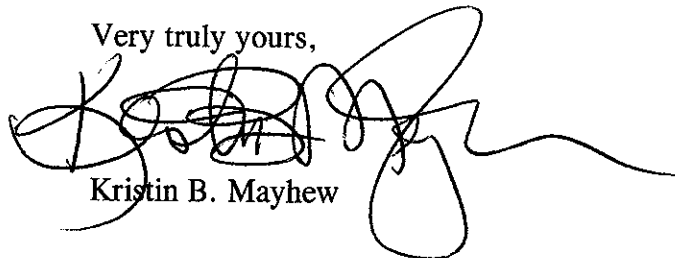
Dear Sir/Madam:

The purpose of this letter is to request that the above referenced Proof of Claim be withdrawn. A copy is attached for your reference.

Please be advised there are other subsequent Proof of Claims that were filed on behalf of NCR Corporation, and those claims should remain on the register. **We are only requesting that the attached Proof of Claim #59699 be withdrawn.**

Thank you for your assistance in this matter.

Very truly yours,



Kristin B. Mayhew

KBM:klw
Enclosure

KLW/32073/60/96234v1
12/16/09-SPT/

BOSTON

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B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor General Motors Corp., et al		Case Number 09-50026 (REG)
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) NCR Corporation		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim Court Claim Number: _____ (if known) Filed on: _____
Name and address where notices should be sent Kristin B Mayhew Pepe & Hazard LLP, 30 Jelliff Lane, Southport, CT 06880		
Telephone number (203) 319-4022		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check this box if you are the debtor or trustee in this case
Name and address where payment should be sent (if different from above) NCR Corporation; Attn: Roger McCreedy 1700 South Patterson Boulevard Dayton, OH 45479		
Telephone number FILED - 59699 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG)		
1. Amount of Claim as of Date Case Filed: \$ unliquidated If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4 If all or part of your claim is entitled to priority, complete item 5 <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges See attached Rider.		5. Amount of Claims Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)() Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
2. Basis for Claim: environmental liabilities related to S. Dayton (See instruction #2 on reverse side)		
3. Last four digits of any number by which creditor identifies debtor: 0ump and landfill 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side)		
4. Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side) DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING If the documents are not available, please explain		
Date: 1/15/10 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Kristin B. Mayhew, Pepe & Hazard LLP, 30 Jelliff Lane, Southport, CT 06890-1436		FOR COURT USE ONLY